

ASM MEAL REIMBURSEMENT FORM

East West Technical Services LLC

·	
	Trip ID #
Monitor's Name:	
Vessel's Name:	
Captain's Name:	Phone:
Trip Information	
Departure Date:	Return Date:
Departure Time:	Return Time:
	Total Reimbursable Days:
Recipient Information Please Pr	int Clearly
Recipient's Name:	
Recipient's Address:	

EWTS shall compensate vessels at a rate of \$40 per day (for every completed 24 hour period) to cover At-Sea Monitor accommodation and food costs while aboard the vessel for trips lasting longer than one 1 day (i.e., 24 hours).

East West Technical Services LLC Phone: 860-910-4957 86 Mumford Road Fax: 860-223-6005

Narragansett, RI 02882 Email: ewtsct@ewts.com